

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-258-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Precious Little's  
Address: 13 INway CT  
Columbia SC 29223

Telephone: 803-931-2227  
Fax:  
Other:  
Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

*hach*

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE June 16, 2019

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Know one Beach one LLC

2. (a) Street Address of Applicant 13 Inway CT ColA SC 29223

(b) Mailing address, if different from street address

(c) Telephone Number 803 931-2227 Fed ID #

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: June Year: 2009

<b>Assets:</b>	
Cash	0
Receivables	0
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	0
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
<b>Total Assets</b>	<b>0</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
<b>Total Liabilities</b>	<b>0</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity</b>	<b>0</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Precious Little, Owner  
(Name of Applicant's Representative) (Title)

of Know One Beach one LLC, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

**SWORN TO BEFORE ME**

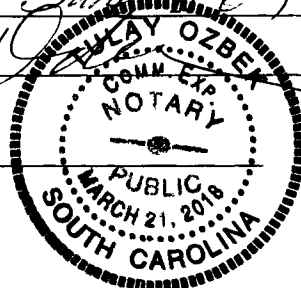
At Columbia S.C.

This the 16<sup>th</sup> day of June, 2009

[Signature]  
(Notary Public)

[Signature]  
(Signature of Applicant's Representative)

Commission Expires: \_\_\_\_\_



## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Know one Reach one LLC

For the transportation of passengers as follows:

Area to be served: Richland, Lexington, CountyNumber of passengers: 7Fares : \$ 50.00 per person Round TripDate June 17, 2009Richard M. Reed  
ByOwner  
Title

Rev.10/03

# *The State of South Carolina*

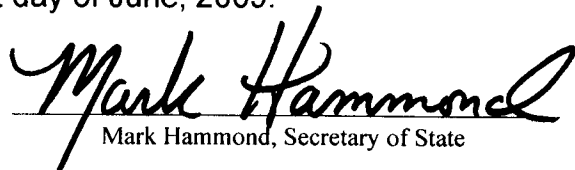
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

KNOW ONE REACH ONE, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 1st, 2009, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
1st day of June, 2009.

  
Mark Hammond, Secretary of State

## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

Precious Little's  
(Applicant)

Date: June 16, 2019

(Applicant's Representative)

Owner  
(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Know one Beach one Shuttle LLC  
(Name of Motor Carrier)13 INWAY CT COLA SC 29223  
(Address of Motor Carrier)**Amount of Premium:**Liability Insurance 300,000The above quoted premium is for a term of 12 months.**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Stratford Insurance Company  
(Insurance Company Name)400 Parson's Pond Drive Franklin Lakes, NJ 07417  
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

6-16-09  
DateErin S. Gunter  
(Authorized Insurance Company Representative)Erin S. Gunter  
Agent, CSR

2650 AUGUSTA HIGHWAY  
P.O. BOX 2649  
LEXINGTON, S.C. 29071

PHONE: (803) 359-1304  
FAX: (803) 356-1010  
erin@tidwellagencyinc.com

We would write  
through a broker  
Southern Cross Underwriter  
PO Box 2576  
Sumter, SC 29151

Agent  
←

**EXHIBIT FWA**

**Name:** Know one Reach one LLC

**Address:** 13 INway Ct Cola SC 29223

**Telephone No.** 803-931-2227 **Fax No.** \_\_\_\_\_

**U.S.D.O.T. No.** \_\_\_\_\_ **ICC No.** \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No X Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been places "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No X  
(If "yes", indicate nature of judgment(s).

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No \_\_\_\_\_  
(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

*[Signature]*  
(Applicant's Signature)

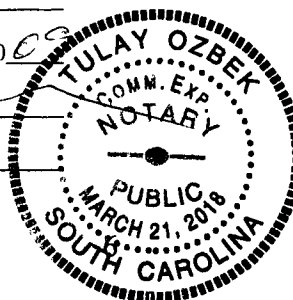
Sworn to before me

At Columbia S.C

This 16th day of June, 2008

*[Signature]*  
(Notary Public)

Commission Expires: \_\_\_\_\_





STATE OF SOUTH CAROLINA  
OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT

Form 3

\* IMPORTANT CHANGES TO DECAL APPLICATION PROCESS \*

The Law requires that you secure licenses on or before July 1, 2008. Enforcement for the period July 1, 2008 through December 31, 2008 will begin July 1, 2008.

UNLESS YOU COMPLY WITH THE MOTOR CARRIER LAWS OF SOUTH CAROLINA AND THE RULES AND REGULATIONS ISSUED THEREUNDER BEFORE JULY 1, 2008 A RULE TO SHOW CAUSE ORDER WILL BE ISSUED AND COULD RESULT IN REVOCATION OF YOUR OPERATING CERTIFICATE.

Your correct name is on the enclosed forms to assist you in ordering your Last Half Year 2008 License Decals. If you need additional forms, please copy the form with the correct name and remit for each vehicle. To determine your license fee(s) use the empty weight of your vehicle listed on the title or registration card.

Please destroy old decal(s) once you have secured the decal(s) for the new period.

**IMPORTANT CHANGE:** License decals MAY be purchased by submitting a business and/or personal check, money order, verified/cashier check or cash. All checks must be made payable to the Office of Regulatory Staff.

All completed applications and applicable fees should be mailed to:

State of South Carolina  
Office of Regulatory Staff  
1401 Main Street Suite 900  
Columbia, S.C. 29201  
803-737-0800

If you need assistance in completing your license decal application, please contact the Transportation Department at (803) 737-0800.

Thank you for ordering your license decal(s) before June 18, 2008

STATE OF SOUTH CAROLINA OFFICE OF REGULATORY STAFF  
TRANSPORTATION DEPARTMENT  
1401 Main Street Suite 900  
Columbia, S.C. 29201  
803-737-0800

Last Half  
Year 2008

APPLICATION FOR LICENSE DECAL

INSTRUCTIONS:

1. Motor Vehicle Carrier license fees are due and payable semiannually on or before January 1 and July 1 of each year. **BUSINESS AND/OR PERSONAL CHECKS, CASH, MONEY ORDER, CERTIFIED, OR CASHIER'S CHECK MUST BE PAYABLE TO THE OFFICE OF REGULATORY STAFF.**
2. All licenses issued for the first-half year will expire June 30; all licenses issued for last-half year will expire December 31.
3. Type or write plainly any changes or corrections. Fill this form out completely or it may delay decal processing.
4. Mail completed application and applicable fees to: SC Office of Regulatory Staff, PO Box 11263, Columbia, SC 29211.
5. **NEW REQUIREMENT FOR CLASS C CHARTER MOTOR CARRIERS:** You are **REQUIRED** to complete the Owner of Vehicle Information. Applications received without the required information will be returned unprocessed.

CLASS C-CHARTER

Application is hereby made to the Office of Regulatory Staff of South Carolina, Columbia, SC, for license for the motor vehicle described in the following for the period ending December 31, 2008

Certificate Holder: Know one Reach one  
(Except Name of Certificate Holder)

Mailing Address: 13 Inway CT Columbia SC 29223 City, State and Zip Code

Owner of Vehicle: REG-AL-LIES Telephone No. 13 Inway CT Columbia SC 29223  
Street Address if Different From Mailing Address  
Name as Listed on the Title or Registration City, State and Zip Code

VEHICLE IDENTIFICATION

Make of Vehicle Dodge Seating Capacity 7  
Body Type Van  
VIN Number 2B4JB2549K146658 Empty Weight \_\_\_\_\_  
(Last 8 digits) 2000 FEE \$ \_\_\_\_\_  
Year Model

\*\*\* IMPORTANT \*\*\* A current annual report and required insurance documents must be on file with the Office of Regulatory Staff before any decal(s) will be issued.

\*\*\* FARES OR CHARGES (List maximum rates only; mandatory to receive decal) \$50.00

APPLICANT'S SIGNATURE: [Signature]

FORM LT-P (REV. 11/04)

Last Half Year 2008